

STANDARD FORM 1199A
(REV. JUNE 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB NO. 1510-0007
Expiration Date 1/31/90

TIMEKEEPER #: _____

DIRECT

DEPOSIT

SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See instructions on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div>	
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>)
TELEPHONE NUMBER		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay	
AREA CODE		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active	
		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire	
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor	
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____	
		(<i>specify</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER		TYPE AMOUNT	
Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px 0;"></div>
DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

Financial institutions should refer to the GREEN BOOK for further instructions

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

White -- Program Agency Copy

Yellow -- Financial Institution Copy

Pink -- Recipient(s) Copy

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INSTRUCTIONS FOR COMPLETION OF THE SF 1199A FOR ALLOTMENTS

- **Name of Payee (allotter).** Name of person for *whom the payment is made*. The address and telephone of the allotter follows.
- **Name of Person Entitled to Payment.** The name of the allotter if a savings allotment; the name of the person receiving (allottee) the allotment if a third party allotment.
- **Claim or Payroll ID Number.** *The Social Security Number of the allotter.*
- **Type of Account.** Check type of account.
- **Depositor Account Number.** *Enter the account number to which the payment will be posted (limited to 17 characters).*
- **Type of Payment.** Check the applicable box. Example - an allotment from salary net pay, the first box should be checked (Fed Salary/Mil. Civilian pay).
- **Type of Allotment and Amount.** Enter *either savings* or third party and the amount of the allotment.
- **Signature.** The signature of the account holder should be entered. (Not necessarily the name of the allotter entered in item 1).

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

DIRECT DEPOSIT